



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
MASBDA
ALTERNATIVE LOAN PROGRAM
LOAN APPLICATION

BORROWER'S NAME			SOCIAL SECURITY NUMBER	
ADDRESS			CITY	
STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	
BIRTH DATE		NUMBER OF DEPENDENTS AND AGES		
EMPLOYER			SALARY PER MONTH	
ADDRESS OF EMPLOYER			TELEPHONE NUMBER	
CONTACT PERSON			TELEPHONE NUMBER	
SPOUSE'S NAME			SOCIAL SECURITY NUMBER	
SPOUSE'S EMPLOYER			SALARY PER MONTH	
ADDRESS OF EMPLOYER			TELEPHONE NUMBER	
LOAN AMOUNT REQUESTED		TOTAL PROJECT COST	GRANT OR COST SHARE	
PROJECT DESCRIPTION				
EXACT LOCATION OF LOAN PROJECT (I.E., JEFFERSON TOWNSHIP, RANGE 6, SECTION 52, 911 ADDRESS, ETC.)				
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BANK INFORMATION				
BANK NAME		BANK ADDRESS		
CITY		STATE	ZIP CODE	
CHECKING ACCOUNT NUMBER		SAVINGS ACCOUNT NUMBER		
OTHER ACCOUNTS		CONTACT NAME		

PERSONAL REFERENCE (NOT RELATED OR FINANCIALLY INTERESTED)			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
BUSINESS CREDIT REFERENCES			
1) NAME		CONTACT PERSON	
ADDRESS			TELEPHONE NUMBER
2) NAME		CONTACT PERSON	
ADDRESS			TELEPHONE NUMBER
ADDITIONAL INFORMATION			
<div style="text-align: right; margin-bottom: 10px;">PLEASE EXPLAIN ANY YES ANSWERS</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Are there any judgments of record against you?</p> <p>Have you been a debtor in bankruptcy in the last 10 years?</p> <p>Are you a party to a lawsuit?</p> <p>Are any of your taxes delinquent or under dispute?</p> <p>Are you obligated to pay alimony or child support?</p> <p>Have you ever declared bankruptcy?</p> <p>Has your spouse ever declared bankruptcy?</p> <p>Are you related to a Missouri Department of Agriculture employee?</p> </div> <div style="width: 15%;"> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> </div> <div style="width: 40%; border-top: 1px solid black; margin-top: 10px;"></div> </div>			
<p>Everything that I have stated in this application is correct to the best of my knowledge. I understand that the application and personal financial statement will be retained by the Missouri Department of Agriculture whether or not the Alternative Loan is approved. By signing this document, I hereby consent and authorize the Missouri Department of Agriculture to issue a credit reference at its discretion.</p>			
SIGNATURE OF BORROWER	DATE	SPOUSE'S SIGNATURE	DATE

CASH FLOW STATEMENT		
CURRENT MONTHLY \$	POST-LOAN (NEW) MONTHLY \$	PROJECTED SALES/INCOME POST-LOAN CLOSING
Mortgage	Mortgage	
Rent	Rent	Sale of Produce \$
Farm Machinery	Farm Machinery	
		Sale of Livestock \$
Automobile	Automobile	
		Sale of Animal \$
Utilities	Utilities	
		Sale of Product \$
Livestock	Livestock	
Feed	Feed	Sale of Product \$
Seed	Seed	
Fertilizer	Fertilizer	Custom Manual Work \$
Credit Cards	Credit Cards	
		Custom Machine Work \$
		Non-Farm Income \$
Labor	Labor	
Taxes	Taxes	
Insurance	Insurance	
Alimony/Child Support	Alimony/Child Support	Additional Income from Business
Other (Equipment, etc.)	Other (Equipment, etc.)	\$
		\$
		\$
		\$
TOTAL	TOTAL	TOTAL



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PROPOSED PROJECT

Please describe your proposed project. Description should include details on production as well as marketing plan.

Please attach additional sheets if needed.

List below the items you will purchase with the Alternative Loan funds and the purchase price of each item.

I verify that the information provided by me is true and correct to the best of my ability and knowledge. If the application is approved, I will implement the stated alternative plan, maintain an accurate record on the project and carry it to completion. I agree to provide the Missouri Department of Agriculture with all pertinent information to document the development and implementation of the alternative project. I am of the understanding the results will be used for educational and informational resources by the Missouri Department of Agriculture.

SIGNATURE OF BORROWER	DATE	SPOUSE'S SIGNATURE	DATE
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Mail completed application and copy of most current federal tax returns to: Missouri Department of Agriculture, MASBDA, Alternative Loan Program, P.O. Box 630, Jefferson City, Missouri 65102.

Any further questions call 573/751-2129

Additional Documentation

Recent changes to Missouri's immigration law requires that applicants for any state administered benefit provide certification and evidence of legal residence and those that employ others must also provide certification and evidence that your employees' legal status is verified.

You must provide a copy of your valid Missouri Driver's license with this application. If you do not have one or are an out of state applicant, you must provide one of the documents listed below:

- U.S. Birth Certificate (certified with embossed or raised seal issued by state or local government)
- U.S. Passport (valid)
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal presence in the U.S.

Additional Instructions:

All Applicants:

All applicants must fill out BOTH sections of the Certification of Citizenship/ Immigration Status and Employer Status document. You do NOT have to complete the Affidavit of Authorized Workers section and you do NOT have to enroll in E-verify if you have no employees.

If you have employees:

If you employ workers with your business you must indicate that you do on the Employer Status Section and complete the Affidavit of Authorized Workers. You also must enroll in the federal worker authorization program, E- Verify and send in a copy of the MOU you received when enrolling with this application. You can enroll by visiting www.dhs.gov/e-verify. E- Verify is a free service provided by the US Department of Homeland Security.

Checklist: Please use this checklist to ensure a complete application.

All Applicants:

- _____ MO Driver's License (or other document listed above)
- _____ Signed Certification or Citizenship/ Employer Status
(Both Section completed and signed)
- _____ Completed program application

Applicants with Employees:

- _____ Affidavit of Authorized Workers
- _____ Executed MOU from E- Verify

Certification of Citizenship/ Immigration Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful permanent residence* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.

Signature

Title

Date

Signature

Title

Date

*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, and residency at the time of applying for any state administered benefits. **You must provide a copy of your valid Missouri driver's license with this application.** If you do not have or cannot provide this, please see "Additional Documentation" for allowed alternatives.

Employer Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

(Please select the statement that applies)

Do you have employees or subcontractors in connection with this application in the state of Missouri?

_____ **NO**

_____ **YES** (If yes, you must complete the attached Affidavit of Authorized workers, along with enrolling in the federal worker authorization program and enclose evidence of such enrollment)

Signature

Title

Date

Signature

Title

Date

Affidavit of Authorized Workers

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be a credible person and of lawful age, who being by me first duly sworn, on _____ oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant _____) and as such am authorized to make the statement of affirmation contained herein.

I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you received when enrolling in e-verify.** To enroll visit www.dhs.gov/e-verify.

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

Print Name

Signature

Title

Print Name

Signature

Title

State of Missouri
County of _____

Subscribed and sworn to before me, this _____ day of _____, 20____.

[Notary Seal:]

[signature of Notary]

_____ My commission expires: _____, 20____.

[typed name of Notary]
NOTARY PUBLIC